U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	For Official Use Only REC'D
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3/4/	2. Fiscal Year Covered From:		
/	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Timothy R Heet	Name C.W.A. Local 6310		
-	Labor Organization File Number 007-466		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2070 McKelvey Rd.	Street 2070 McKelvey Rd.		
City Maryland Heights	City Maryland Heights		
State Missouri ZIP Code + 4 63043-2308	State Missouri ZIP Code + 4 63043-2308		
5. Position in labor organization. Vice President/SBC South District			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.		
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Name	7.a. Nature of Interest, Transaction, or Income.		
Name Trade Name, if any:			
Name Trade Name, if any:			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street			
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sig  15. Signature and verification. The undersigned declares, under penalty or	7.b. Amount.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sig  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompant)	7.b. Amount.  7.b. Amount.		

Name of Person Filing Timothy Heet	File Number 0- 3/49		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Weinhaus, Dobson, Goldberg, & Moreland	1 <del>5 - 3</del> 1		
Trade Name, if any:	a. Labor Organization  b. Trust		
P.O. Box, Bldg., Room No., if any Suite 900	c. Employer		
Street 906 Olive St.	o. Employor		
City St.Louis			
State Missouri ZIP Code + 4 63101-1463			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	representing members		
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	baseball tickets(2) 07/05/2004		
	12.b. Amount. \$74		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		